

Application Data Sheet

Application Information

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| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD Disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | |
| Computer Readable Form (CRF)?:: | |
| Number of copies of CRF:: | |
| Title:: | BY-PASS VALVE UNIT FOR A HIGH PRESSURE LIQUID DELIVERY UNIT |
| Attorney Docket Number:: | VASSANELLI1 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 4 |
| Small Entity?:: | Yes |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included:: | No |
| Petition Type:: | |
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |
| Applicant Information | |
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | ITALY |
| Status:: | Full Capacity |
| Given Name:: | Felice |

Middle Name::
Family Name:: VASSANELLI
Name Suffix::
City of Residence:: CAVAION VERONESE
State or Province of Residence:: VERONA
Country of Residence:: ITALY
Street of Mailing Address:: 11, Via Risorgimento
City of Mailing Address:: CAVAION VERONESE
State or Province of Mailing Address:: VERONA
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-37010
Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name::
Middle Name::
Family Name::
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of Mailing Address::
City of Mailing Address::
State or Province of Mailing Address::
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Country of Residence::

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State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Status::

Full Capacity

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Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

| | | | |
|---------------|-------------------|----------------------|----------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---------------|-------------------|----------------------|----------------------|

Foreign Priority Information

| | | | |
|-----------|----------------------|---------------|--------------------|
| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
| ITALY | RE2003A000010 | 01-28-03 | Yes |

Assignment Information

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|---|-----------------------|
| Assignee Name:: | S.I.S.T.E.M.A. S.R.L. |
| Street of Mailing Address:: | 1/A, Via Spagna |
| City of Mailing Address:: | VILLAFRANCA DI VERONA |
| State or Province of Mailing Address:: | VERONA |
| Country of Mailing Address:: | ITALY |
| Postal or Zip Code of Mailing Address:: | I-37069 |